

**TRANSMITTAL
FORM**

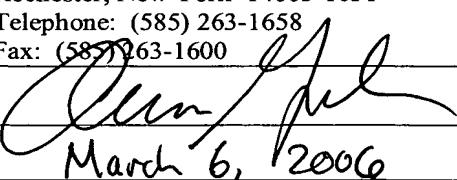
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM		Application Number	10/532,291
		Filing Date	October 21, 2003
		First Named Inventor	Rodney William KELLY
		Group Art Unit	Unknown
		Examiner Name	Unknown
Total Number of Pages in This Submission	4	Attorney Docket Number	20747/280 (ARDBW/P29385US)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawings(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply (\$_____)	<input checked="" type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (\$_____) <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition (\$_____)	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request (\$_____)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input type="checkbox"/> Information Disclosure Statement (\$_____)	<input type="checkbox"/> Terminal Disclaimer (\$_____)	<input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Check in the amount of \$_____
<input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$_____)	<input type="checkbox"/> CD, Number of CD(s) _____	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53		
		Submission of Combined Declaration and Power of Attorney Form (1 page)
Remarks		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm <i>or</i> Individual name	Andrew K. Gonsalves, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1658 Fax: (585) 263-1600
Signature	
Date	March 6, 2006
	Registration No. 48,145

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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March 7, 2006
Date

Jo Ann Whalen
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Jo Ann Whalen
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